

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.	FILED DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓				TOTAL IND.			↓			
TOTAL DEP.			←				TOTAL DEP.			←			
TOTAL CLAIMS			10				TOTAL CLAIMS			10			

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